THE NEW REPUBLIC A Journal of Opinion Volume 153 Number 26 Issue 2666 December 25, 1965 Published weekly (except July and August when it is biweekly) and distributed by The New Republic, 1244 19th St., N.W., Washington, D. C. 20036. Phone FEderal 8-2494. Single copy 35c. Yearly subscription, \$8; Foreign, \$9; Armed Forces personnel or students, \$6.50. Send all remittances and correspondence about subscriptions, undelivered copies, and changes of addresses to Subscription Department, The New Republic, 381 West Center Street, Marion, Ohio 43301. Copyright© 1965 by Harrison-Blaine of New Jersey, Inc. Item g. Second Class Postage Paid at Washington, D. C. Indexed in Readers' Guide.

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LBJ's Visitors

President Johnson doesn't yet seem to have put his mind to any specific foreign problem, except possibly Vietnam and the Dominican Republic. But 1966 is going to have to be a year of foreign-policy making. Mainland China may get into the United Nations at last. Africa again seems headed for rough seas. A time for decision looms for the North Atlantic Treaty Organization. So Mr. Johnson's Christmas-season foreign visitors were timely, even though they brought problems, not presents.

The original three wise men all came from the East, but the visits to the White House by the President of Pakistan, the Prime Minister of Britain and the Chancellor of West Germany signify that this country's responsibilities are East-West and worldwide, and provided a much-needed opportunity to take a fresh look at those worldwide burdens. Divide the world map in three, each area corresponding to a current concern of at least one of the President's three distinguished guests, and it looks something like this:

Europe. Secretary of State Rusk, who these days distressingly goes from poor to worse, told the NATO Council in Paris last week that the fate and future of NATO is linked with the war in Vietnam because the latter is a test of the credibility of an American commitment; should we fail to win there, nobody will any longer believe we are really committed to Europe's defense. This is balderdash. The American commitment in Vietnam was to advise a government in Saigon how it might best attract popular support and so win a civil war, and to supply military assistance. These promises were fully kept, though the advice was seldom taken. The deeper we thrust ourselves down into the Vietnamese mud, however, the more concerned the Europeans become about our commitment to them: just the opposite, in fact, of what Rusk said. Heavy reiteration of American determination to fight Communism in Europe as well as Asia does not impress the Europeans, who are no longer much afraid of being attacked by Russia. What most of them, including Chancellor Erhard, hope for is an East-West detente, the keys to which might be a nonaggression treaty between the NATO and the Warsaw Pact countries and a treaty against the spread of nuclear weapons. The Russians too want a detente and though they add that German reunification is something for East and West Germany to discuss, that need not be a stumbling block, since the two Germanys already talk and trade with each other. The West Germans, if they were given a choice, probably

would prefer reunification to getting their fingers on a Western nuclear trigger.

Asia. Washington officials say mockingly that if the Russians think they can persuade India and Pakistan to make up over Kashmir, good luck to them. The Russians apparently intend to try, and have invited President Ayub Khan and Prime Minister Shastri to meet under Soviet auspices in Soviet Tashkent next month, which is a boost for Moscow's prestige in Asia. What a pity it wasn't this country that made the effort, instead of Mr. Johnson curtly telling both Ayub Khan and Shastri not to bother coming to Washington, earlier this year, then cutting off aid to both, finally letting both come here after all (Shastri is coming in February, after the Tashkent meeting). The US seems to have no solution to suggest for Kashmir, but Ayub Khan has again been reminded by Mr. Johnson that this country disapproves Pakistan's current friendship with China. Ayub might have replied by quoting what the Shah of Iran said just the other day about Iran's determination to have friendly cooperation with Russia. "If we can achieve some degree of stability in this area," said the Shah, "then why not?" If this country had a farsighted Asian policy instead of hand-tomouth anti-Communism, it would try to promote understanding between India and Pakistan, and between India and China, even if this had to be accompanied by some such commitments to both India and Pakistan as are discussed in an article on page 9 of this issue. ► Africa. The point about Rhodesia is not that the Smith government declared Rhodesia independent (independence was already promised) but that it has imposed white-minority rule on a black majority in a way that makes it impossible for other governments in Africa to let Smith get away with it. Western nations must topple Smith; for if the Africans have to do the job themselves (and then probably with Russian arms) the consequences are bound to be a bitter race war in the heart of Africa and African estrangement thereafter from Western countries which, as they will see t, were willing to move against black rebels in the Congo (twice: in 1960 and again in 1964) but which make specious excuses for not downing Smith's illegal white government. We shall be in a vicious spiral if African states attack Rhodesia and some of our anti-Communism crusaders then allege they are under "Red influence." The way out is for this country and Britain to take the initiative and deny Smith oil and trade until he desists. If that doesn't work, armed force will have to be used, by Britain or by the UN. Even without it, upsetting Smith will be expensive, for Rhodesia's neighbor Zambia has to be kept supplied after the lifelines which sustain both Rhodesia and Zambia have been cut. But leaving Smith in power risks wrecking the credibility of white goodwill toward all nonwhites. It is, in the current jargon, an "unacceptable risk."

Making Spectacles

Making eyeglasses is a \$155-million-a-year business. And it increasingly looks like becoming a monopoly run by doctors who are jacking up the prices of frequently shoddy goods. This is the gist of evidence taken before Senator Philip A. Hart's antitrust and monopoly subcommittee. Senator Hart, who last year studied the pros and cons of doctors owning their own pharmacies, recently looked into the problems posed when ophthalmologists (doctors who treat eye diseases) dispense the spectacles they prescribe. Until 1951 the common practice was for these doctors to send along this business to independent opticians, people who make glasses, and the opticians gave a rebate to the doctors. In an effort to bring down prices of glasses, the Justice Department outlawed rebates. However, the prices did not go down, and to accommodate the increasing number of eye doctors starting up their own spectacle-making concerns, the American Medical Association changed its code of ethics, permitting them to sell glasses. Currently about 40 percent of the 6,200 ophthalmologists dispense glasses. A survey in Los Angeles showed that doctors charged about \$15 a pair more for glasses than did opticians.

In general, the opticians complain that patients straggle into their shops with poorly ground lens in glasses just purchased from a doctor's dispensing company, and the whole job has to be done over. Often a doctor balks at giving a patient a prescription, or if he does give him one it's on the letterhead of the doctor's company. A common experience is for the doctor to examine the patient's eyes, then take the patient by the arm and lead him across the hall to the doctor's optician, who is told what glasses to make.

There are 18,000 opticians in the country, and in the past few years they have been going out of business in growing numbers. Mr. Everett Olney, president of an opticians' association in Houston, Texas, said his business has dropped off by 55 percent since 1959. Mr. Hart heard this sort of complaint in a number of instances. Of the 51 ophthalmologists in the Houston area, 41 sell glasses, Mr. Olney said. Many operate their dispensing services under names of companies which advertise their spectacles in the yellow pages of the phone book. This is unethical, according to Mr. Olney, because doctors are not supposed to advertise. One doctor reportedly came across the street to see an optician and pointedly asked the proprietor of the shop to pay him \$500 a month because he was filling the doctor's prescriptions. When the optician refused, the doctor started his own dispensing service.

Wholesalers seem eager to work with doctors. In Houston, a wholesale firm set up a direct line between its plant and the doctor's office to facilitate business.